NCDOT PTD Five Year Community Transportation Service Plan
2010 - Contact Information Form

Completion of this form is essential for receiving a Notice to Proceed and should be submitted to your assigned Mobility Development Specialist within three (3) weeks of receipt of the Notice of Participation from NCDOT. Once this information is received, your assigned Mobility Development Specialist will contact the Primary Contact listed to discuss next steps. If you have any questions, contact your assigned Mobility Development Specialist for assistance.

1	TRANSIT SYSTEM		MPO/RPO:		HWY DIVISION:	

2 PRIMARY CONTACT. Please name the individual to whom NCDOT will directly communicate for the planning study.

Name:		**Title:**		**Department:**			
Address:		**Phone:**		Fax			
City:		**State:**	NC	**Zip Code:**		**Email:**	

3 ADDITIONAL CONTACT. Please name the senior staff member responsible for the results of the project.

Name:		**Title:**		**Department:**			
Address:		**Phone:**		Fax			
City:		**State:**	NC	**Zip Code:**		**Email:**	

4 OTHER STAFF. Please provide information on other staff involved in the planning study.

Organization	Name	Title	Address	Zip Code	Phone Number	Email

5 If you know of any AGENCY or ORGANIZATION that will be assisting in the planning study please provide their contact information here. (COG, MPO, RPO, etc.)

Agency/Organization Name	Name	Title	Address	Zip Code	Phone Number	Email

6 STEERING COMMITTEE MEMBERS. Please list any individuals/agency representatives you may consider appointing to assist in the plan development.

Name	Title	Agency/Organization Associated with:	Address	Zip Code	Phone Number	Email

Last updated on: 9/24/2010